



National Black Association for Speech-Language and Hearing

701 Exposition Place, Suite 206, Raleigh, North Carolina 27615
Phone/Fax: (919) 661-0820 • Email: nbaslh@nbaslh.org • www.nbaslh.org

MEMBERSHIP APPLICATION

NAME _____ CREDENTIALS _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

WORK # _____ HOME # _____ CELL # _____

EMPLOYER/POSITION _____

COLLEGE/UNIVERSITY(S) ATTENDED: _____

In order to better understand and plan for member needs, kindly complete the following (optional) information:

ETHNICITY: Hispanic or Latino Not Hispanic or Latino Choose not to disclose

RACE: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander
 White Multiracial Choose not to disclose

AREA OF PRACTICE: SLP AUD SLP/AUD

HIGHEST DEGREE EARNED: Bachelor Masters Doctorate

CERTIFICATION/LICENSURE: ASHA Certification State Licensure – States(s) _____

PRIMARY WORK SETTING: School University/College Commercial/Business Hospital/Rehab
 Private Practice ENT/Medical Practice Research facility Retired
 Other: _____

AFFILIATES: I am interested in joining an affiliate. I am a member of _____ affiliate.

I am interested in starting an affiliate in _____ (location).

VOLUNTEER: Volunteer: I can contribute to NBASLH in the following ways/areas: _____

PLEASE CHECK MEMBERSHIP CATEGORY:

Professional Member \$100 Associate Member \$75 Student Member \$35 Life Member (see application guidelines)

STUDENT STATUS: Full-time Part-time CLASSIFICATION: Undergraduate Graduate Doctoral

Graduate Students: To be eligible for student membership in NBASLH, you must be currently enrolled as a full-time student according to the full-time course load requirements at the institution.

Undergraduate Students: To be eligible for student membership in NBASLH, you must be currently enrolled as a part-time or full-time student.

College University: _____

Would you like to donate towards the NBASLH Scholarship fund? (no min, max \$25.00) (NBASLH is a non-profit 501(c)(3) association, therefore your donation will be tax deductible) \$ _____

TOTAL CHARGES: \$ _____

PAYMENT METHOD:

Check made payable to NBASLH, see mailing address below

Credit Card: MasterCard Visa AMEX Discover

_____ Expiration Date _____ / _____ / _____ CVC _____

Signature _____

Date _____

Billing Zip Code _____

Return the completed application and check or credit card information to NBASLH, 701 Exposition Place, Ste 206, Raleigh, NC 27615 or by Fax: (919) 779-5642